

## Teacher Summer Employment Tax Credits

Under Indiana Code 6-3.1-2, employers can claim a credit against their income tax liabilities for employing eligible teachers in qualified positions during summer school recess. The credit for each eligible teacher employed in a qualified position is limited to the lesser of:

1. Fifty percent (50%) of the amount of compensation paid to the eligible teacher by the employer during the summer school recess, or
2. \$2500.00

An eligible teacher is a teacher licensed to teach in a shortage area and employed during the regular school term by a public school corporation to teach in a shortage area. Shortage areas include mathematics, science and other areas designated by the Professional Standards Board. A qualified position is one which is relevant to the teacher's academic training in the shortage area and which utilizes skills and expertise developed as a result of the teacher's academic training or teaching experience.

This application must be completed for each eligible teacher employed in a qualified position. The State Board of Education will approve or reject each application and will issue a qualified position certificate to each employer submitting an approved application. The certificate will be issued for the aggregate maximum eligibility of all approved applications. New applications may be submitted if the employer hires or intends to hire additional eligible teachers. Amended applications may be submitted to reflect changes in compensation to be paid under approved applications.

Employers must notify the Indiana Department of Revenue of the amount of credit expected to be claimed by filing Part 1 of Schedule TSE no later than October 31. Additional information concerning the credit may be found in the instructions to Schedule TSE and in Income Tax Division, Information Bulletin #59.

**Instructions** – *Section 1* is completed by the employer, whose name should be listed the same as it will be shown on the employer's income tax return. *Section 2* is to be completed by the school corporation employing the teacher during the regular school term. The completed application should be submitted to the State Board of Education at the address shown on the application form.

### License areas eligible for summer tax credit program:

math  
gifted and talented education  
science, with preference given to earth/space science, physical science and physics  
vocational education, except aerospace education, agricultural business, occupational home economics, and marketing education  
special education  
school services personnel, except school nurse and attendance worker  
instructional supervision

**INDIANA STATE BOARD OF EDUCATION**  
Teacher Summer Employment Tax Credit  
Application for Qualified Position Certificate

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**Section 1:**

Tax Year 2\_\_\_\_\_ to 2\_\_\_\_\_ Original \_\_\_\_\_ Amended \_\_\_\_\_

Taxpayer/Employer Name \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Teacher/Employee Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Teaching License # \_\_\_\_\_

Street Address \_\_\_\_\_ Summer Compensation \$ \_\_\_\_\_  
(This Taxable Year)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of the business \_\_\_\_\_

\_\_\_\_\_

Duties of the teacher (include a description of how summer employment duties relate to teaching employment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use Back if Necessary)

I certify that the information on this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Taxpayer/Authorized Representative

\_\_\_\_\_  
Name Printed or Typed

**MAIL TO:**  
State Board of Education  
229 State House  
Indianapolis, IN 46204-2798

\_\_\_\_\_  
Title

**Section 2:**

The teacher listed above is employed under contract with \_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_ to teach in the area of \_\_\_\_\_  
(Indicate Shortage Area)

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Name, Printed or Typed

\_\_\_\_\_  
Title

**For State Board Use Only**

Received \_\_\_\_\_

State Board Action \_\_\_\_\_

Eligible \_\_\_\_\_

Ineligible \_\_\_\_\_

Qualified Position Certificate # \_\_\_\_\_ Amount \_\_\_\_\_